



REGULATORY LICENSING UNIT  
MILK TRANSPORT TANKER

INITIAL / RENEWAL / REPLACEMENT PERMIT APPLICATION

(Health and Safety Code, Chapter 435)

Return the completed application and non-refundable fee to:

Texas Department of State Health Services

RLU- Food and Drug Licensing MC 2003

PO Box 149347

Austin, Texas 78714-9347

For Assistance call: (512) 834-6727

**M&D – TANKER  
2002**

Budget: ZZ107

Fund: 114

**COOP CODE:**

☐ INITIAL

☐ RENEWAL

☐ DECAL REPLACEMENT

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Location Address: \_\_\_\_\_  
Street City County State Zip

Telephone # at Location Address: (\_\_\_\_\_) \_\_\_\_\_

Contact Person at Location Address: \_\_\_\_\_

**NOTE: The complete application and fee must be received in this office prior to an inspection of the vehicle(s). Our office will not accept your business Vehicle Identification Number (VIN) listing and/or spreadsheet.**

**VEHICLE PERMIT DECALS**

**Initial Only:** Milk tank truck fees are determined by the approval inspection date. Use the below dates to determine the correct fee.

A. ☐ Approval Inspection Date within: **September 1 thru February 28\29** – (Initial ONLY)

Total Numbers of Vehicle Decals Ordered: \_\_\_\_\_ X \$200.00 = \_\_\_\_\_  
Total Due

B. ☐ Approval Inspection Date within: **March 1 thru August 31** – (Initial ONLY)

Total Number of Vehicle Decals Ordered: \_\_\_\_\_ X \$150.00 = \_\_\_\_\_  
Total Due

**Renewal Only:** A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

☐ Total Numbers of Vehicle Decals Ordered: \_\_\_\_\_ X \$206.00 = \_\_\_\_\_  
Total Due

**Note: The original renewal notice documenting the VIN number(s) is the only listing our office will accept.**

**Amend Only:** (For change of dba name and/or location change only) = **\$100.00**

**Decals are not issued for amendments.**

**Replacement Of Decal Only:**

☐ Total Numbers of Vehicle Decals Ordered: \_\_\_\_\_ X \$200.00 = \_\_\_\_\_  
Total Due

**VERIFICATION:** I swear or affirm that all information in this application is true and correct. I further certify by signature hereon that I am authorized to execute this document on behalf of the corporation, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Signature \_\_\_\_\_

☐ OWNER  
☐ PARTNER  
☐ PRESIDENT  
☐ CORPORATE DESIGNEE / AGENT

Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

☐ **New** - Estimated Start Date of Regulated Activity: \_\_\_\_\_

☐ **Renewal** - **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each truck and must be remitted before the decal will be issued.**

☐ **Change of Ownership** previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**NOTE:** Change of ownership requires submission of a new application and fee as listed on page 1.

☐ **Amended** - ☐ Change of location [previous location: \_\_\_\_\_]  
☐ Change of dba name [previous name: \_\_\_\_\_]  
☐ Other: \_\_\_\_\_  
☐ Enter the date the change was effective: \_\_\_\_\_

Any minor amendment including change of dba name or change in the location of a licensed place of business requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

☐ **Notice that firm is out of business.** Date: \_\_\_\_\_  
Sign and date. Return for deletion from our records.

☐ **Not required to license/permit**  
Reason: \_\_\_\_\_

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** http://www. \_\_\_\_\_

**MAILING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following)

Mailing Name: \_\_\_\_\_

Mailing Address: (ML) \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL FOUR PAGES OF THE APPLICATION FORM MUST BE COMPLETED  
BEFORE A DECAL(S) WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.dshs.state.tx.us/fdlicense](http://www.dshs.state.tx.us/fdlicense)

Please address **correspondence only** to:  
Texas Department of State Health Services  
RLU Food and Drug Licensing Group, MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM  
PAGE 2 OF 4**

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Zip

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**  
**PAGE 3 OF 4**

## Provide the Initial Milk Tank Truck(s) Vehicle Identification Number(s) (VIN)

\*Failure to provide this document as required may result in a significant delay in licensing.\*

Date \_\_\_\_\_

Company Name: \_\_\_\_\_

Location of Tanker(s): \_\_\_\_\_

Phone Number and Contact Person: \_\_\_\_\_

Number of Initial Tankers to be Inspected: \_\_\_\_\_

(Fax number 512-834-6741...For Inspector Use ONLY)

Tankers	File # (Office Use Only)	Vehicle Identification Number (Required – to be completed by applicant)		Decal Number (Office Use Only)	Inspection Approval (Office Use Only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

This sheet must be included with the initial application and required fee.